

MSN#

VETERAN FUNERAL HONORS DUTY RECORD

This soldier is authorized to participate in Veteran Funeral Honors on the date indicated below. Submit one form for each soldier for each scheduled period of duty, but no more than one period per day.

Soldier: _____ Grade: _____ SSN: _____

Unit of Assignment: _____ UIC: _____

Units' **AUTHORIZING** Representative(Please Print Name and Grade): _____

Check the appropriate codes below:

DUTY STATUS

A - Active Duty for military funeral

R - Active Guard Reserve

T - Technician (Unless on leave status)

M - M-Day soldier
(not AGR, Tech, AT, ADT, ADSW/FTNGDSW or SUTA)

O - Other
(Civilian Volunteer, ROTC, VSO Member, Retiree, etc.)

PAY STATUS

S - Stipend payable ☐

N - No Stipend due ☐

N - No Stipend due ☐

S - Stipend payable ☐

N - No Stipend due ☐

Authorizing Activity Casualty Area Command (CAC):

Fort Huachuca ☐ Fort Lewis ☐

Location Of Duty (City / State): _____

Date Of Duty: _____ Start Time: _____ End Time: _____

CERTIFICATION FOR STIPEND PAYMENT

(Use this certification block only when the soldier is due payment of the stipend for Veteran Funeral Honors)

I certify that the individual named performed Veteran Funeral Honors duty in accordance with published guidance and procedures. I further certify that this individual did not perform this period of duty in a technician status, was not performing active duty under any part of the United States Code (USC) and is due payment of the VFH stipend.

SIGNATURE OF AUTHORIZING PAYMENT

DATE